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ABSTRACT

A case study was done of Black, Appalachian, and non-Appalachian White populations in the greater Cincinnati (Ohio) area to examine the health status, health maintenance activities, and sources of health and wellness information for each group in order to discern patterns of behavior that would form the basis for an effective health promotion program. The study used data from the 1989 Greater Cincinnati Survey that included 175 Black, 160 Appalachian White, and 575 non-Appalachian White residents. Findings include the following: (1) Blacks showed more concern about their health than did the two White groups; (2) Blacks were more likely and Appalachians were the least likely to use emergency care services; (3) all groups had about the same number of physical check-ups; (4) non-Appalachian Whites had the lowest and Blacks had the highest number of doctor visits; (5) the two White groups were hospitalized at a significantly lower rate than the Blacks; (6) more Appalachian Whites were out of both the labor force and the school population; (7) sources of health care information included doctors, nurses, relatives, the media, and friends; and (8) for wellness information, Appalachian Whites and Blacks looked to health professionals and the media, while non-Appalachian Whites used the media. A concluding section offers a discussion and recommendations. Twelve tables present the data. (JB)

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Health Education Strategies for Urban Blacks and Appalachians

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It has now become almost axiomatic that future gains in longevity among all members of the United States population will be acquired from changes in how we live. Medical science continues to make important technological advances in methods to prolong the lives of those who are most ill and infirm. These costly advances, however, are unlikely to be affordable for most Americans. The alternative, promoting health throughout the lifespan of all citizens, promises to be a much more effective intervention for the majority of people.

In this article we will regard health promotion as any combination of health education, environmental safeguards, and social reinforcement for behavior conducive to good health. Health promotion can affect individual, group, and community behaviors, and can be conducted both through professionally designed programs or through grass-roots efforts. In short, everybody can participate in health promotion and everyone can benefit from it.

Certain segments of the population, moreover, experience higher health risks than do others. Age is one key factor; youth are more prone to alcohol abuse, while seniors are more likely to experience hypertension. Socioeconomic status is another important indicator; people with more education and higher incomes are more likely to avoid smoking, wear seat belts, and exercise than less educated, financially less well-off individuals. Other major influences on health are racial and

ethnic differences. Obesity, for instance, is a more serious problem among blacks than among whites; pneumoconiosis is more prevalent among workers from the Appalachian region than other areas.

PURPOSE

It is clear then that effective health education must take into account the heterogeneity of the population in which it is to take place. Specific cultural and social differences need to be considered in the design and implementation of health promotion programs. Blacks and Appalachians are two minority groups that have sizeable populations in most Midwestern cities.

This article will present a case study that examines the black, Appalachian, and non-Appalachian white population in a single Midwestern metropolis. We will examine the health status, health maintenance activities, and sources of health and wellness information for each of these three groups in order to discern patterns of behavior that would form the basis for an effective health promotion program. Our conclusions will result in recommendations for tailoring health promotion activities to the needs of urban blacks and Appalachians.

THE DATA

In this article

we will use data obtained from the 1989 Greater Cincinnati Survey, a random-digit-dialing survey that included

Changes were made on pages 2 and 3 in consultation with the author.

175 black, 160 Appalachian white, and 575 non-Appalachian white residents of the city of Cincinnati. Black Appalachians are included in the black group because in the United States race dominates ethnicity as a social characteristic. Urban Appalachians are defined as having been born or having a parent born in one of the federally designated Appalachian counties.

FINDINGS

In Table 1 the concern about overall health is shown for each of the three groups. Blacks show significantly more concern about their health than do the two white groups.

Table 1 about here

A large difference also appears in the utilization of emergency room services according to the data in Table 2. Blacks are by far the most likely to use emergency care, while the two white groups have lower rates of utilization. Appalachians are the least likely of the three groups to avail themselves of emergency care.

Table 2 about here

It would seem reasonable to assume that emergency services are often required when routine prevention and treatment are either postponed or missed altogether. But Table 3 shows that emergency care does not necessarily escalate with lack of

physical checkups. On the contrary, all three groups have about the same relative number of physicals, although blacks have the most and Appalachians have the least in terms of absolute numbers.

Table 3 about here

The same finding is corroborated by the data in Table 4 showing doctor visits for each of the three groups. Non-Appalachian whites had the fewest doctor's appointments and blacks had the most. The Appalachians form a middle group between the two, but some apparently experienced illnesses serious enough to require frequent office visits over a relatively short period of time.

Table 4 about here

Table 5 shows that the two white groups are hospitalized at a significantly lower rate than the black group. Of the three groups blacks are most likely to be hospitalized, and the length of hospitalization is longer for blacks and Appalachians once they are admitted. The indication that urban Appalachians may suffer from severe illnesses is borne out in the length of their hospital stays.

Table 5 about here

In Table 6 the data indicate that significantly more Appalachians are out of both the labor force and the school population than blacks or other whites. This can account for their relatively low incidence of absences from work or school (16%) as compared to that for non-Appalachian whites (26.5%) and blacks (24.7%).

Table 6 about here

Tables 7a,b,c show the sources of health care information used by the three groups. The data indicate clear differences in health information sources for the three groups. The Appalachian group obtained most of their health knowledge from doctors, nurses, relatives and the media, with relatively little coming from health care facilities, friends, or churches. Blacks rely heavily on health professionals for their information along with the media, health care facilities and relatives. Although blacks are less likely to look to friends or churches than the sources previously mentioned, it is important to note that by comparison they are still significantly more reliant on their churches for health information than are the other two groups.

Tables 7a,b,c about here

The sources of information for staying healthy, i.e. wellness, are compared for the three groups in Tables 8a,b,c. Distinct differences appear both among the three groups in sources of wellness information and within each group as to sources used for personal health information or for wellness education. For information about staying healthy Appalachians rely primarily on health professionals and the media with decreasingly less reliance on health care institutions, relatives, friends and churches. When Appalachians seek wellness education they are less reliant on doctors and nurses and more likely to use the media than when they are seeking personal health information.

Doctors are the primary sources of both personal health and wellness information in the black community, with the media and health facilities running closely behind. Relatively less use is made of nurses, relatives, churches and friends, although in terms of absolute numbers even these sources are widely used by the blacks.

Non-Appalachian whites are the least likely of the three groups to seek wellness information from their physicians. For this group radio, television, newspapers, magazines are almost as important for wellness education as are doctors. Relatively few of this group look to health care facilities or churches for this type of information.

Tables 8a,b,c about here

CONCLUSIONS AND RECOMMENDATIONS

The high levels of concern for health in the black community indicates a group that should be highly receptive to efforts at health education. Relatively lower levels of health concern in the white indicate that they are in the earliest stages of the health promotion cycle that begins with awareness, moves to understanding and acceptance, and concludes with behavior change when successful. The fact that well over two fifths of both the Appalachians and the non-Appalachian whites were either extremely concerned or very concerned about their health should provide a sound basis for networking outward into the less health conscious portions of those groups.

The heavy use of emergency services among blacks indicates a point of contact for health education. Hospitals and clinics might consider their ER waiting rooms as sites for some type of patient education. On the other hand, this strategy would be much less effective for contacting members of the white cohorts since emergency service utilization is low, particularly for the Appalachians.

About three fifths of each group reported no physical checkup in the four or five months prior to the survey. In terms of health promotion, this is obviously an area of needed emphasis. Increasing the use of regular physical checkups could

benefit large numbers of all three groups, with the Appalachian cohort presenting the largest potential for health gains.

Physician contacts are high for blacks indicating both an apparently greater need for health care and providing another important venue for health education. Although relatively fewer Appalachians see doctors, those who do see physicians have frequent visits, signifying a possible need for assistance in coping with serious or at least chronic conditions.

Hospital stays for blacks are significantly higher than they are for the two white cohorts, indicating once again the opportunity for patient education at health care facilities. Appalachians, while having the least number of days of hospitalization, display a tendency to stay longer once hospitalized. There is a high probability of their being seriously ill and that hospitalization has been delayed until well along into the course of the illness. These facts have obvious implications for health education; early diagnosis and intervention and treatment compliance should be emphasized for this group.

The large proportion of the Appalachian group that is neither going to work or attending school suggests several possibilities. Some may be housepersons raising families; some may be school dropouts in their teens or early twenties; some may be older retired persons; while others may be unemployed workers. This heterogeneity will call for diversity in the approaches taken by health promotion programs in the urban Appalachian

community. A multifaceted plan including, for example, substance abuse counseling, stress reduction advice, information on children's health, and health programs for seniors would be most appropriate.

The last two sets of tables (7a,b,c and 8a,b,c) provide a wealth of information on how to introduce health education programs into the three communities. Although doctors play a primary role for each group, clear differences emerge in the alternatives each group selects for additional health care and wellness information. Relatives are key information sources for Appalachians, while churches maintain an important health education role among blacks. The electronic media are more salient for blacks and Appalachians as compared to the importance of the print media for non-Appalachian whites. Nurses are better potential sources of health education in the Appalachian cohort than in the black and other white group. Hospitals and clinics are more likely to be considered good sources of health information by blacks than by Appalachians or other whites. Kinship networks are seen as better sources of health care advice than friendship networks by all three groups.

In sum, it is clear that there are important racial and ethnic differences that must be taken into consideration when designing programs for health promotion in urban communities. It has been the purpose of this paper to point out those differences for urban blacks and Appalachians and to suggest useful approaches to health education based on those distinctions.

Table 1

Comparison of the Concerns of Whites, Appalachians, and Blacks in Cincinnati about their Overall Health, 1989

	Whites		Appalachians		Blacks	
	%	(N)	%	(N)	%	(N)
Extremely concerned	16.4	(36)	20.9	(17)	26.3	(34)
Very concerned	30.2	(66)	25.5	(20)	38.6	(50)
Somewhat concerned	28.8	(63)	30.6	(24)	12.4	(16)
Not too concerned	24.7	(54)	23.0	(18)	22.7	(29)

$p<.001$

Table 2

Number of Trips to an Emergency Room in the Past Four-Five Months for Whites, Appalachians, and Blacks in Cincinnati, 1989

	Whites		Appalachians		Blacks	
	%	(N)	%	(N)	%	(N)
One	18.2	(40)	13.1	(10)	22.3	(29)
Two	3.3	(7)	5.2	(4)	5.7	(7)
Three	1.1	(3)	--		3.6	(5)
Four	--		--		3.5	(5)
Five	--		--		0.5	(1)
Six or more	0.3	(1)	0.8	(1)	2.5	(3)
None	77.1	(169)	81.0	(64)	61.8	(80)

$p<.001$

Table 3

Whites, Appalachians, and Blacks in Cincinnati Who Have Had a Physical Checkup in the Past Four-Five Months, 1989

	Whites		Appalachians		Blacks	
	%	(N)	%	(N)	%	(N)
Have had a physical	33.4	(73)	30.5	(24)	41.4	(53)
Have not had a physical	66.6	(146)	69.5	(55)	58.6	(75)

Table 4

Number of Times Respondent Has Seen a Doctor for Reasons Other Than an Emergency or a Physical in the Past Four-Five Months for Whites, Appalachians, and Blacks in Cincinnati, 1989

	Whites		Appalachians		Blacks	
	%	(N)	%	(N)	%	(N)
One	11.8	(26)	13.8	(11)	17.0	(22)
Two	7.7	(17)	9.7	(8)	10.2	(13)
Three	8.8	(19)	0.9	(1)	4.1	(5)
Four	3.3	(7)	1.5	(1)	4.1	(5)
Five	6.5	(14)	0.5	(1)	1.8	(2)
Six or more	7.9	(17)	17.0	(13)	5.1	(6)
None	54.1	(118)	56.6	(45)	57.6	(74)

$p<.001$

Table 5

Number of Days Respondent Has Spent in a Hospital in the Past Four-Five Months for Whites, Appalachians, and Blacks in Cincinnati, 1989

	Whites		Appalachians		Blacks	
	%	(N)	%	(N)	%	(N)
One to two	2.1	(5)	--		0.4	(1)
Three to five	1.2	(3)	2.7	(2)	2.1	(3)
Six to nine	--		--		5.5	(7)
Ten to fourteen	2.0	(4)	--		1.0	(1)
Fifteen to nineteen	--		0.8	(1)	--	
Twenty or more	--		1.5	(1)	2.0	(3)
None	94.6	(207)	95.0	(75)	89.0	(115)

$p<.001$

Table 6

Number of Days Missed at School or Work Due to Health Problems for Whites, Appalachians, and Blacks in Cincinnati, 1989

	Whites		Appalachians		Blacks	
	%	(N)	%	(N)	%	(N)
One to two	16.1	(35)	6.4	(5)	12.7	(16)
Three to five	4.6	(10)	8.3	(6)	3.3	(4)
Six to nine	2.0	(4)	--		6.5	(8)
Ten to fourteen	0.8	(2)	--		0.4	(1)
Fifteen to nineteen	0.8	(2)	--		--	
Twenty or more	2.2	(5)	1.3	(1)	1.8	(2)
None	54.5	(119)	38.8	(30)	52.9	(68)
Not In School or Work	18.9	(41)	45.2	(35)	22.4	(29)

$p<.001$

Table 7a

Sources of Personal Health Information for Whites in Cincinnati, 1989

	Great Deal		Some		Not Much		None	
	%	(N)	%	(N)	%	(N)	%	(N)
Doctors	35.0	(77)	28.5	(62)	23.0	(50)	13.6	(30)
Nurses	16.2	(35)	21.5	(47)	26.6	(58)	35.8	(78)
Television/ radio	14.5	(31)	41.2	(89)	20.3	(44)	24.1	(52)
Newspapers/ magazines	19.2	(42)	44.6	(97)	15.2	(33)	21.0	(46)
Hospitals/ clinics	5.1	(11)	18.7	(41)	22.1	(48)	54.0	(118)
Churches	1.0	(2)	7.5	(16)	13.6	(30)	77.9	(170)
Relatives	15.6	(34)	31.1	(68)	15.6	(34)	37.7	(82)
Friends	10.8	(24)	30.3	(66)	15.4	(34)	43.5	(95)

Table 7b

Sources of Personal Health Information for Appalachians in Cincinnati, 1989

	Great Deal		Some		Not Much		None	
	%	(N)	%	(N)	%	(N)	%	(N)
Doctors	41.5	(33)	28.2	(22)	3.3	(3)	27.0	(21)
Nurses	27.5	(22)	26.5	(21)	14.0	(11)	31.9	(25)
Television/ radio	24.5	(19)	29.1	(23)	17.8	(14)	28.6	(23)
Newspapers/ magazines	20.0	(16)	44.6	(35)	13.1	(10)	22.3	(18)
Hospitals/ clinics	11.9	(9)	37.4	(30)	10.8	(9)	40.0	(32)
Churches	0.5	(1)	9.8	(8)	9.8	(8)	79.8	(63)
Relatives	24.8	(20)	19.7	(16)	6.5	(5)	49.0	(39)
Friends	7.9	(6)	29.1	(23)	14.3	(11)	48.8	(39)

Table 7c

Sources of Personal Health Information for Blacks in Cincinnati, 1989

	Great Deal		Some		Not Much		None	
	%	(N)	%	(N)	%	(N)	%	(N)
Doctors	49.4	(64)	20.5	(26)	11.4	(15)	18.7	(24)
Nurses	18.5	(24)	23.6	(30)	17.6	(23)	40.3	(52)
Television/ radio	31.4	(40)	38.0	(49)	16.9	(22)	13.6	(18)
Newspapers/ magazines	23.6	(30)	35.3	(45)	13.8	(18)	27.3	(35)
Hospitals/ clinics	28.9	(37)	28.5	(37)	10.6	(14)	32.0	(41)
Churches	11.3	(14)	10.8	(14)	18.2	(23)	59.6	(76)
Relatives	20.5	(26)	34.7	(45)	20.4	(26)	24.4	(31)
Friends	11.9	(15)	39.8	(51)	20.5	(26)	27.9	(36)

Table 8a

Sources of Wellness Information for Whites in Cincinnati, 1989

	Great Deal		Some		Not Much		None	
	%	(N)	%	(N)	%	(N)	%	(N)
Doctors	23.8	(52)	32.9	(72)	23.8	(52)	19.4	(43)
Nurses	9.0	(20)	28.0	(61)	23.7	(52)	39.2	(86)
Television/ radio	21.7	(47)	44.9	(98)	13.1	(29)	20.4	(44)
Newspapers/ magazines	23.3	(51)	46.0	(101)	14.7	(32)	16.0	(35)
Hospitals/ clinics	7.0	(15)	20.3	(44)	21.8	(48)	50.9	(111)
Churches	1.0	(2)	8.6	(19)	13.8	(30)	76.6	(167)
Relatives	15.6	(34)	38.8	(85)	10.5	(23)	35.1	(77)
Friends	10.0	(22)	39.1	(86)	13.7	(30)	37.2	(81)

Table 8b

Sources of Wellness Information for Appalachians in Cincinnati, 1989

	Great Deal		Some		Not Much		None	
	%	(N)	%	(N)	%	(N)	%	(N)
Doctors	26.0	(21)	31.3	(25)	13.4	(11)	29.3	(23)
Nurses	22.8	(18)	24.0	(19)	14.9	(12)	38.3	(30)
Television/ radio	18.2	(14)	44.4	(35)	18.6	(15)	18.8	(15)
Newspapers/ magazines	18.4	(15)	42.7	(34)	15.6	(12)	23.3	(18)
Hospitals/ clinics	14.0	(11)	21.1	(17)	20.1	(16)	44.8	(36)
Churches	0.5	(1)	5.2	(4)	11.7	(9)	82.7	(65)
Relatives	10.0	(8)	30.6	(24)	11.1	(9)	48.3	(38)
Friends	5.8	(5)	30.5	(24)	15.8	(13)	47.8	(38)

Table 8c

Sources of Wellness Information for Blacks in Cincinnati, 1989

	Great Deal		Some		Not Much		None	
	%	(N)	%	(N)	%	(N)	%	(N)
Doctors	48.9	(62)	28.1	(36)	9.9	(13)	13.1	(17)
Nurses	22.2	(28)	34.3	(44)	14.8	(19)	28.7	(36)
Television/ radio	38.6	(49)	31.9	(40)	19.2	(24)	10.3	(13)
Newspapers/ magazines	28.2	(36)	38.9	(49)	14.5	(18)	18.4	(23)
Hospitals/ clinics	33.1	(42)	22.6	(29)	19.3	(24)	25.1	(32)
Churches	13.2	(17)	16.5	(21)	27.7	(35)	42.6	(54)
Relatives	21.8	(28)	43.9	(55)	10.9	(14)	23.3	(29)
Friends	10.7	(14)	40.9	(52)	25.1	(32)	32.3	(29)